



## CALIFORNIA STATE ATHLETIC COMMISSION

1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197



Dear Boxer:

You are applying for a (new) (renewal) license to be a professional boxer in the State of California. If you fight in a Commission-approved contest not on tribal land, contributions will be made from the promoter on your behalf to the Professional Boxers' Pension Plan. You are eligible to participate in the plan beginning with your first fight. The Plan is in state laws and regulations, which regulate boxing in California. Enclosed for your information is a summary of the pension plan, which we refer to as the *Summary Plan Description* (SPD). The plan is administered by the California State Athletic Commission.

To make certain that basic information about you gets properly recorded in the records of the plan, please read through the SPD and complete the Enrollment form and Beneficiary Designation Form enclosed with this letter. You will learn from reading the SPD that enrollment does not guarantee that you will receive a benefit from the plan. You must enroll and fight in enough non-tribal land contests to earn a benefit. Enrollment will ensure your rights under the plan. You will also receive periodic statements about benefits you may be earning under the plan.

It is **very important** that you notify the Athletic Commission every time you change your address, so that we will be able to tell you if you are eligible for a pension.

If you have any questions about the plan, now or in the future, please contact the Commission at the address shown below and we will be happy to assist in any way we can. Thank you.

Plan Administrator  
Professional Boxers' Pension Plan  
1424 Howe Avenue, Suite 33  
Sacramento, CA 95825  
(916) 263-2195  
(916) 263-2197 fax

Enclosures



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**PROFESSIONAL BOXERS' PENSION PLAN****ENROLLMENT FORM**

Full Legal Name of Boxer			
Social Security Number			
California Boxer License #			
Foreign I.D. Number (If Applicable)			
Address			
Date of Birth			
Date First Licensed As Professional Boxer			
Date of First Professional Bout			
Marital Status (If married, please provide Date of Marriage)	Married	Date of Marriage _____	
	Single	Divorced	Widowed
Spouse's Full Legal Name			
Spouse's Address			

I have received the Summary Plan Description (SPD) describing the Professional Boxers' Pension Plan (Plan). I understand that the SPD is only a summary of the provisions of the Plan. It cannot provide every detail that may affect my rights or benefits under the Plan.

In the event of discrepancies between the description in the SPD, and the provisions of the complete Plan (included in the statute and regulations), I agree that the provisions of the Plan (and their respective amendments), and not those of the SPD, will control.

I understand that a complete copy of the Plan is available for inspection at the offices of the California State Athletic Commission during business hours. I can also get a copy of the Plan and other documents if I ask for them or if my authorized representative asks for them. I also understand that I may be asked to pay a reasonable charge for copies of those documents.

I hereby apply for Participant status in the Plan. By applying for participation in the Plan, I hereby authorize the Commission to provide all necessary information about me, collected on Plan forms or other Commission records, to authorized agents and representatives, as it deems necessary for the proper administration of the Plan.

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 Date

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 Professional Boxer



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**PROFESSIONAL BOXERS' PENSION PLAN****BENEFICIARY DESIGNATION / CHANGE FORM**

To: California State Athletic Commission

Re: \_\_\_\_\_  
Name of Professional Boxer

Social Security #: \_\_\_\_\_

California License Boxer #: \_\_\_\_\_

Foreign ID#: \_\_\_\_\_

The Plan permits me to name a beneficiary or beneficiaries. I name the following person or persons to receive my benefit from the Plan if I die:

**Beneficiary(ies) "A":**Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_**Other Beneficiary(ies) "B": (if A dies before payment)**Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**NOTE:** If you are married, you must name your spouse as beneficiary "A" on this form unless your spouse consents to your naming another person as beneficiary on the attached consent of spouse form.

The Plan will pay my benefit if I die to beneficiary A. If beneficiary A is dead, then it will be paid to beneficiary B. If beneficiary A and B are both dead, then the Plan will pay the balance to my heirs by law.

I UNDERSTAND I MAY CHANGE MY BENEFICIARY DESIGNATION AT ANY TIME. THIS FORM REVOKES ALL PRIOR BENEFICIARY DESIGNATION (IF ANY).

**NOTE:** THE DESIGNATION OF YOUR BENEFICIARY CAN HAVE IMPORTANT LEGAL AND TAX CONSEQUENCES. YOU SHOULD CONSULT WITH AN ATTORNEY OR OTHER PROFESSIONAL ADVISOR TO THE EXTENT YOU DEEM NECESSARY BEFORE MAKING OR CHANGING A BENEFICIARY DESIGNATION.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Professional boxer

## CONSENT OF SPOUSE

NOTE: Only fill out this form if you are naming another person and your spouse is agreeing to name another person as your Beneficiary. If your spouse fails to consent to the primary beneficiary designation, the Plan must pay your entire benefit to your surviving spouse.

I am the spouse of the Boxer named in the Beneficiary Designation/Change Form, and I hereby certify that I have read the Beneficiary Designation/Change Form and fully understand that the property subject to the designation is my spouse's benefit under the Plan, and that I may be entitled to a portion of that benefit if I survive my spouse. I am fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is *[choose either revocable or irrevocable]*:

? Revocable in writing at any time prior to the death of my spouse or

? Irrevocable

**If my spouse changes the beneficiary designation at any time in the future** [choose either (a) or (b)]:

? (a) I understand I must file a similar consent to any new designation, or this consent form is no longer effective.

? (b) I waive my right to withhold my consent to any future change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on page 1 of this form by checking box (a).

I have executed this election this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Boxer's Spouse

### **Witness By Notary**

State of \_\_\_\_\_)

)

County of \_\_\_\_\_)

Before me, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS THEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_